

Director's Signature:

C. Salomé

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: May 22, 2010

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Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: May 22, 2010

Employee Name:				Sunday 05/16/10		Monday 05/17/10		Tuesday 05/18/10		Wednesday 05/19/10		Thursday 05/20/10		Friday 05/21/10		Saturday 05/22/10	
Glazer, Lisa 45161000 Employee Signature	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	12:45
	Lunch: Out - In			12:00	12:30			12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To					HONES DISTRICT 10:00 2:30		CT 3:00 3:30									
Document exceptions or comments, indicate type and amount.																OT 6 hrs	
Lawler, Michael 45161000 Employee Signature	Day: In - Out			7:55	4:30												
	Lunch: Out - In			2:00	2:30												
	Outside Duty: From - To																
Document exceptions or comments, indicate type and amount.						MOSES LEAVE 7:5		3:00 VACATION 16 Furlough 4:5 FMW		7:5 FMW Furlough		7:5 FMW Furlough		7:5 FMW Furlough			
Medina, Nicole 45161000 Employee Signature	Day: In - Out			7:30	3:50	7:40	1:40	7:45	3:45	7:40	3:40	8:30	3:30				
	Lunch: Out - In			12:00	12:30			12:00	12:30	12	12	12:30	12	12:30			
	Outside Duty: From - To																
Document exceptions or comments, indicate type and amount.						15 sick appt ✓						SICK Thru					
O'Brien, Elisabeth 45161000 Employee Signature	Day: In - Out			7:40	4:50	7:40	2:40	7:50	5:20	7:00	3:55	7:30	2:30				
	Lunch: Out - In			11:00	11:00	11:30	12:00	11:30	12:00	11:30	12:00	11:30	12:00				
	Outside Duty: From - To																
Document exceptions or comments, indicate type and amount.				per. 2:0 ✓						10:05 ✓							

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Philips, Gloria 45161000 Employee Signature <i>PS</i>	Day: In - Out													
	Lunch: Out - In													
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.														
Piro, Peter 45161000 Employee Signature <i>DP</i>	Day: In - Out		730	3:30	810	616	815	210			8810			
	Lunch: Out - In		12	12 ³⁰	12	1230								
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.														
Renczkowski, Daniel 45161000 Employee Signature <i>DR</i>	Day: In - Out		810	410	645	245	705	325	700	300				
	Lunch: Out - In		1200	1230	1200	1230	1200	1230	1200	1230				
	Outside Duty: From - To										Shatuck 830 930			
Document exceptions or comments, indicate type and amount.											7.5 SIC			
Saunders, Della 45161000 Employee Signature <i>Debra Saunders</i>	Day: In - Out		6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	
	Lunch: Out - In		1:30	2:00	1:40	2:10			1:30	2:00			1:45 2:15	
	Outside Duty: From - To													
Document exceptions or comments, indicate type and amount.											Salem Superile CMT 1.5	OT 9.5		

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Week Ending: May 22, 2010

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Sprague, Shirley 45161000 <i>Sprague</i> Employee Signature	Day: In - Out			830	430	1130	430	910	510			505	585		
	Lunch: Out - In			100	130			1230	100			100	130		
	Outside Duty: From - To							1130	10:30						
Document exceptions or comments, indicate type and amount.				VAC 2.5 hrs ✓		VAC 1h ✓		SIF hrs ✓							
Tan, Zhi 45161000 <i>Zhi</i> Employee Signature	Day: In - Out			6:45	6:00	6:45	6:00	6:45	6:00	6:45	6:00	6:45	6:00	6:45 - 4:45	
	Lunch: Out - In			12:00	12:30	12:00	12:30	12:00	12:30	11:45	12:15	11:50	12:20	11:50	12:20
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				OT 3.25 ✓		OT 3.25 ✓		OT 3.25 ✓		OT 3.25 ✓		OT 3.25 ✓		OT 3.25 ✓	
Tran, Mai 45161000 <i>Mai</i> Employee Signature	Day: In - Out			8	1230			845	215	8	1245				
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				1.5 PER ✓				2. PER ✓							
45161000 Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 5/20/10

of hours requested: 45 hr Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: _____ Date: _____

Department Head: Julie Main Date: 5/21/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Lisa Glazer	314719	6.0 hrs			
Della Sanches	147387	9.5 hrs			
Zhi Tan	148724	9.5 hrs			